

FOR UTILITY/DESIGN
CIP/PCT NATIONAL/PLANT
ORIGINAL/SUBSTITUTE/SUPPLEMENTAL
DECLARATIONS

RULE 63 (37 C.F.R. 1.55)
DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PM & S
FORM

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the INVENTION ENTITLED

A wireless control of a field device in an industrial process

the specification of which (CHECK applicable BOX(ES))

X ☒ A. ☒ is attached hereto.

BOX(ES) ☐ B. ☐ was filed on _____

as U.S. Application No. _____ / _____ / _____

☐ C. ☐ was filed as PCT International Application No. PCT/ _____ / _____ on _____

and (if applicable to U.S. or PCT application) was amended on _____

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International Application which designated at least one other country than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate, or PCT International Application, filed by me or my assignee disclosing the subject matter claimed in this application and having a filing date (1) before that of the application on which priority is claimed, or (2) if no priority claimed, before the filing date of this application:

PRIOR FOREIGN APPLICATION(S)

Number **Country** **Day/MONTH/Year Filed**

**Date first Laid-
open or Published**

**Date Patented
or Granted**

**Priority Claimed
Yes No**

990864 Finland 16 April 1999

X

I hereby claim domestic priority benefit under 35 U.S.C. 119(e) or 120 and 365(c) of the indicated United States applications listed below and PCT international applications listed above or below and, if this is a continuation-in-part (CIP) application, insofar as the subject matter disclosed and claimed in this application is in addition to that disclosed in such prior applications, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of each such prior application and the national or PCT international filing date of this application:

PRIOR U.S. PROVISIONAL, NONPROVISIONAL AND/OR PCT APPLICATION(S)

Application No. (series code/serial no.) **Day/MONTH/Year Filed**

**Status
pending, abandoned, patented**

**Priority Claimed
Yes No**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

And I hereby appoint Pillsbury Madison & Sutro LLP, Intellectual Property Group, 1100 New York Avenue, N.W., Ninth Floor, East Tower, Washington, D.C. 20005-3918, telephone number (202) 861-3000 (to whom all communications are to be directed), and the below-named persons (of the same address) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent, and I hereby authorize them to delete names/numbers below of persons no longer with their firm and to act and rely on instructions from and communicate directly with the person/assignee/attorney/firm/ organization who/which first sends/sent this case to them and by whom/which I hereby declare that I have consented after full disclosure to be represented unless/until I instruct the above firm and/or a below attorney in writing to the contrary.

| | | | | | | | |
|--------------------|-------|--------------------|-------|----------------------|-------|----------------------|-------|
| Paul N. Kokulis | 16773 | Dale S. Lazar | 28872 | Mark G. Paulson | 30793 | Michael R. Dzwonczyk | 36787 |
| Raymond F. Lippitt | 17519 | Paul E. White, Jr. | 32011 | Stephen C. Glazier | 31361 | W. Patrick Bengtsson | 32456 |
| G. Lloyd Knight | 17698 | Glenn J. Perry | 28458 | Paul F. McQuade | 31542 | Jack S. Barufka | 37087 |
| Carl G. Love | 18781 | Kendrew H. Colton | 30368 | Ruth N. Morduch | 31044 | Adam R. Hess | 41835 |
| Kevin E. Joyce | 20508 | G. Paul Edgell | 24238 | Richard H. Zaitlen | 27248 | | |
| G org M. Sirilla | 18221 | Lynn E. Eccleston | 35861 | Roger R. Wise | 31204 | | |
| Donald J. Bird | 25323 | Timothy J. Kima | 34852 | Jay M. Finkelstein | 21082 | | |
| Peter W. Gowdey | 25872 | David A. Jakopin | 32995 | Anita M. Kirkpatrick | 32617 | | |

(1) INVENTOR'S SIGNATURE:

Date: 01.03.2000

| | | | |
|---------------------|--|-------------|---------|
| Jouni | | PYOTSIA | |
| First | Middle Initial | Family Name | |
| Residence | Helsinki | Finland | Finland |
| City | State/Foreign Country | | |
| Post Office Address | Niittyranta 1 A 2, FIN-00930 Helsinki, Finland | | |
| (include Zip Code) | | | |

(2) INVENTOR'S SIGNATURE:

Date: 3.4.2000

| | | | |
|---------------------|---|-------------|---------|
| Markku | | SIMULA | |
| First | Middle Initial | Family Name | |
| Residence | Helsinki | Finland | Finland |
| City | State/Foreign Country | | |
| Post Office Address | Laihokuja 1 C 12, FIN-00930 Helsinki, Finland | | |
| (include Zip Code) | | | |

(FOR ADDITIONAL INVENTORS, check box ☒ to attach PAT 116-2 same information for each re signature, name, date, citizenship, residence and address.)

DECLARATION AND POWER OF ATTORNEY

(continued)

ADDITIONAL INVENTORS:

(3) INVENTOR'S SIGNATURE:

Harri Cederröf

Date: 31.3.2000

| | | | | | |
|---------------------|-------|---|---------|------------------------|---------|
| First | | Middle Initial | | Family Name | |
| Harri | | | | CEDERLÖF | |
| Residence | Espoo | | Finland | | Finland |
| | City | State/Foreign Country | | Country of Citizenship | |
| Post Office Address | | Ervastintie 4, FIN-02780 Espoo, Finland | | | |
| (include Zip Code) | | | | | |

(4) INVENTOR'S SIGNATURE:

Date:

| | | | | | |
|---------------------|------|-----------------------|--|------------------------|--|
| First | | Middle Initial | | Family Name | |
| | | | | | |
| Residence | | | | | |
| | City | State/Foreign Country | | Country of Citizenship | |
| Post Office Address | | | | | |
| (include Zip Code) | | | | | |

(5) INVENTOR'S SIGNATURE:

Date:

| | | | | | |
|---------------------|------|-----------------------|--|------------------------|--|
| First | | Middle Initial | | Family Name | |
| | | | | | |
| Residence | | | | | |
| | City | State/Foreign Country | | Country of Citizenship | |
| Post Office Address | | | | | |
| (include Zip Code) | | | | | |

(6) INVENTOR'S SIGNATURE:

Date:

| | | | | | |
|---------------------|------|-----------------------|--|------------------------|--|
| First | | Middle Initial | | Family Name | |
| | | | | | |
| Residence | | | | | |
| | City | State/Foreign Country | | Country of Citizenship | |
| Post Office Address | | | | | |
| (include Zip Code) | | | | | |

(7) INVENTOR'S SIGNATURE:

Date:

| | | | | | |
|---------------------|------|-----------------------|--|------------------------|--|
| First | | Middle Initial | | Family Name | |
| | | | | | |
| Residence | | | | | |
| | City | State/Foreign Country | | Country of Citizenship | |
| Post Office Address | | | | | |
| (include Zip Code) | | | | | |

(8) INVENTOR'S SIGNATURE:

Date:

| | | | | | |
|---------------------|------|-----------------------|--|------------------------|--|
| First | | Middle Initial | | Family Name | |
| | | | | | |
| Residence | | | | | |
| | City | State/Foreign Country | | Country of Citizenship | |
| Post Office Address | | | | | |
| (include Zip Code) | | | | | |

(9) INVENTOR'S SIGNATURE:

Date:

| | | | | | |
|---------------------|------|-----------------------|--|------------------------|--|
| First | | Middle Initial | | Family Name | |
| | | | | | |
| Residence | | | | | |
| | City | State/Foreign Country | | Country of Citizenship | |
| Post Office Address | | | | | |
| (include Zip Cod) | | | | | |